

**Laboratory Investigation Report**

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

**Histopathology**

**ULTRA RAPID KIDNEY BIOPSY**
**Lab No:** K-2201/24 (LM) & K-2202/24 (IF)

**Hospital Name:** Dr. Neeru Aggarwal, Max Hospital

**Clinical features:** 57-year-old male with nephrotic range proteinuria; UPCR 9.06; urine R/M – 3+ protein.

**Impression:** ? Membranous.

**Specimen Type:** Kidney biopsy (Light microscopy+Immunofluorescence)

**Gross Description:**

Light microscopy: Received single grey white linear core measures 1.1 cm in length. All tissue submitted in cassette A.

Immunofluorescence: Received single core measures 0.5 cm in length.

**Microscopic Description:**
**Light Microscopy**

2H&E, 2PAS, 1MT, 1GMS, 1AgH&E stained section of native kidney biopsy studied reveals 70% medulla and 30% cortex.

Kidney biopsy in single linear core reveals 4 glomeruli of which 3 glomeruli are globally sclerosed. The remaining glomerulus show moderate mesangial matrix expansion with moderate mesangial hypercellularity with nodular glomerulosclerosis lesion. No evidence of segmental sclerosis lesion. No evidence of endocapillary or extracapillary proliferation noted. No evidence of necrotizing lesion.

Tubulointerstitial compartment show acute tubular injury. Mild interstitial inflammation seen in 10-15 % of the sampled renal cortex seen composed of lymphocytes and occasional eosinophils. There are multifocal patches of tubular atrophy associated with interstitial fibrosis seen in 26-30% of the sampled renal cortex.

Vascular compartment show mild intimal sclerosis in few of interstitial blood vessels. Few of arterioles including hilar vessels show non-circumferential arteriolar hyalinosis. No vasculitis or thrombotic microangiopathy seen.

**Immunofluorescence :** IF core reveal 2 glomeruli

Albumin - 3+ staining along tubular basement membrane

IgG – Negative

IgA - Negative

Test Performed at : 1566 - Max Lab, A Unit of MHIL, Dr B L Kapur Memorial Hospital, 5 Pusa Road, New Delhi 110005

Booking Centre : 794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

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IgM - Negative. Non-specific segmental trapping is seen

C3 - Negative. Non-specific segmental trapping is seen

C1q - Negative

Kappa and Lambda- Show no light chain restriction in tubular casts.

Overall morphological features are of Nodular glomerulosclerosis lesion and patchy acute interstitial nephritis.

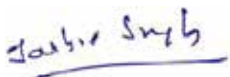
**Diagnosis :** Kidney(native) biopsy - Nodular glomerulosclerosis lesion.

- Patchy acute interstitial nephritis.

**Comments:**

1. In view of albumin staining, nodular glomerulosclerosis, mesangial matrix expansion with mesangial hypercellularity, the possible cause could be diabetes. Correlate with Hb1Ac levels.
2. There are other causes of nodular glomerulosclerosis lesion are membranoproliferative glomerulonephritis (MPGN), monoclonal immunoglobulin deposition disease, amyloidosis, fibrillary, immunotactoid glomerulonephritis, collagen type III disease, thrombotic microangiopathy, and chronic hypoxic or ischemic, idiopathic nodular glomerulosclerosis.
3. In view of significant proteinuria, advise electron microscopic examination for co-existent MCD/podocytopathy.

\*\*\* End Of Report \*\*\*



Dr. Jasbir Singh  
Senior Consultant  
DMC Regn. No. 35258

**Results to follow:**

Electron Microscopy (kidney, Muscle Nerve) (L) : 10/Jul/2024 07:00 PM

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Phone: +91-0120-4173 000, 4188 000 | (CIN No.: U85100DL2021PLC381826)

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